POLICY: 200-050385-002

Graduate Medical Education Committee Oversight of and Liaison with Program Directors

The Bylaws of the Professional Staff Association charges the Graduate Medical Education Committee (GMEC) with establishing policies for postgraduate medical education and ensuring that all postgraduate training programs comply with the requirements, policies and procedures of the Accreditation Council for Graduate Medical Education. In order to carry out this function and provide adequate oversight of and liaison with program directors the following policy has been developed.

Policy

The GMEC has, as part of its membership, the program directors of all of the institution's core residency programs: Internal Medicine, General Surgery, Pediatrics, Obstetrics and Gynecology, Anesthesiology, Psychiatry, Pathology, Diagnostic Radiology, Family Medicine, Emergency Medicine, Neurology and Orthopaedic Surgery. GMEC membership also includes at least 1 resident member and alternate from each core program.

The Designated Institutional Official (DIO) shall serve as Chair of GMEC. The DIO as Chair of GMEC works in collaboration with the GMEC membership to provide oversight of all training programs (including both ACGME and non-ACGME accredited programs) of the Sponsoring Institution.

The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution's programs and responsibility for assuring compliance with ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements. The DIO must establish and implement procedures to ensure that s/he, or a designee in the absence of the DIO, reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGME by program directors. In the absence of the DIO, the Chief Medical Officer and Associate Dean for Medical Education at the Institution is responsible for reviewing and approving the above communication.

The DIO and/or the Chair of the GMEC must present a written annual report (aka Annual Institutional Review or AIR) to the Organized Medical Staff(s) (OMS) and the governing body(s) of the Sponsoring Institution. This report must also be given to the OMS and governing body of major participating sites that do not sponsor GME programs. This annual report will review the activities of the GMEC during the past year with attention to, at a minimum, resident supervision, resident responsibilities, resident evaluation, compliance with duty-hour standards, and resident participation in patient safety and quality of care education.

GMEC Responsibilities: The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures are detailed in the Institutional Policy for the Responsibilities of GMEC.
All program directors of subspecialty programs not represented on the GMEC shall have standing invitations to attend any of the regularly scheduled GMEC meetings as needed or desired.

It is the responsibility of the core residency program director that is a GMEC member to maintain close liaison with the subspecialty program directors including communication to and from the GMEC as needed. These lines of reporting for the residency programs are as follows:

- Anesthesiology
  - Trauma Fellowship
- Emergency Medicine
  - EMS
- Family Medicine
  - Sports Medicine
- Internal Medicine
  - Cardiovascular Disease
    - Clinical Cardiac Electrophysiology
    - Interventional Cardiology
    - Cardiac Imaging
  - Dermatology
  - Endocrinology
  - Hematology/Oncology
  - Infectious Disease
  - Nephrology
  - Pulmonary and Critical Care Medicine
  - Rheumatology
- General Surgery
  - General Dentistry
  - Oral/ Maxiofacial Surgery
  - Surgical Critical Care
  - Vascular Surgery
- Obstetrics and Gynecology
  - Maternal/Fetal Medicine
  - Female Pelvic Medicine & Reconstructive Surgery
- Orthopaedic Surgery
  - Foot and Ankle
- Pediatrics
  - Pediatric Child Abuse
  - Pediatric Critical Care
  - Pediatric Endocrinology
  - Pediatric Emergency Medicine
  - Pediatric Infectious Disease
  - Neonatal-Perinatal Medicine
- Psychiatry
  - Child Psychiatry
- Diagnostic Radiology
  - Neuroradiology
  - Nuclear Radiology
  - Vascular/ Interventional Radiology
Each core residency program must document oversight of the subspecialty programs at least semi-annually. Documentation oversight MUST include the following:

1. Review of Annual Update – if applicable
2. Review of program resources
3. Review of compliance with ACGME Institutional, common program and specialty requirements
4. Review disciplinary issues with trainees
5. Status of corrective action plans (CAPS) to recent ACGME notification letters, special reviews or ACGME ADS resident surveys.

The GMEC annually shall receive reports [Annual Report] from each program director including the directors of the subspecialties. The report shall provide an update for the GMEC on the individual program and shall include:

- Recruitment issues
- Success in the most recent NRMP match
- Advancement of residents in the program
- Progress in addressing citations or concerns in ACGME letters of notification, or in special reviews
- The success of the program’s residents on in-service examinations and certifying examinations

When appropriate, an evaluation of experience obtained in a participating institution(s) or outside rotation(s) and assurance that appropriate liaison with program personnel in the affiliated institution(s) occurs

These reports shall be supplemented by an annual written report (see "Harbor-UCLA Residency Program Annual Report to the Graduate Medical Education Committee" form) and a review of the program’s policies and procedures binder.